



## The Tracy Cline ELL Enrichment Fund Request Form

CESA 7 ELL Center, Green Bay and Washington Elementary School, Sheboygan

**Directions:** Teachers requesting funds should complete the top portion of this form by clicking on each box and filling in the required information – boxes will expand to accommodate text. Completed form should be emailed to [madnane@cesa7.k12.wi.us](mailto:madnane@cesa7.k12.wi.us) with the form title in the subject line.

**Date of Request:** \_\_\_\_\_ **Date Funds are Needed:** \_\_\_\_\_

**Name of teacher requesting funds:** \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Funds are requested for:**

- Transportation cost – name of bus company: \_\_\_\_\_
- Entrance fees – museum/park name: \_\_\_\_\_
- Registration fees – please specify: \_\_\_\_\_
- Workshop fees –please specify: \_\_\_\_\_
- Other – please specify: \_\_\_\_\_

**Estimated cost of event:** \$ \_\_\_\_\_

**Actual Cost** \$ \_\_\_\_\_

\_\_\_\_\_ Students @ \$ \_\_\_\_\_ per student

\_\_\_\_\_ Students @ \$ \_\_\_\_\_ per student

\_\_\_\_\_ Miles @ \$ \_\_\_\_\_ per mile

\_\_\_\_\_ Miles @ \$ \_\_\_\_\_ per mile

**Please provide a detailed descriptive paragraph of how the funds will be used. Include purpose of trip, objectives, and how it will benefit the ELLs at your school.**

\_\_\_\_\_

**Submit receipts to:**

Pat Darnick, Business Manager at CESA 7  
Mailing address: 595 Baeten Road, Green Bay, WI 54304  
Fax number: 920-492-5965

**Payment Information:**

CESA 7 PO should be made out to: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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**To be completed by CESA 7**

**Approved By:**

- Mrs. Beverly Cline \_\_\_\_\_ Date \_\_\_\_\_
- CESA 7 Representative, Mariah Adnane \_\_\_\_\_ Date \_\_\_\_\_
- ACE (Associates for Collaborative Education) by \_\_\_\_\_ Date \_\_\_\_\_

CESA Purchase Order No. \_\_\_\_\_